

**WAIVER TRANSITION
QUESTION AND ANSWER # 10
August 18, 2005**

TOPIC	QUESTION	RESPONSE
Service Definitions: Residential Supports	For people in residential receiving SL 2 but meet the guidelines for RS 4. Is the expectation that the crosswalk be to the same RS2 or can this be a crosswalk to RS 4? Would the change in level be subject to local approval?	Change from previous response: For the purpose of transition, individuals eligible for Res Supports who are currently receiving a daily SL service should crosswalk to the same level of Res Support. These plans will be reviewed at CNR more fully.
Service Definitions- Residential Supports	We have a client who resides in a group home but receives SL1 and SL2 from our provider agency for goals out in the community such as socialization, etc. Will we still be able to provide these services under Home and Community Supports or will all services revert back to the group home?	When a person resides in a licensed residential setting or unlicensed AFL, habilitative services in the community such as shopping, etc. are the responsibility of the residential provider.
Service Definitions- Residential Supports	If Residential Supports Level II are being used how many hours does this authorize the group home to provide? It is not specified in the manual how many hours are allowed for each level.	There are no specified hours for the levels of Res Supports. It is intended to be based on the individual needs of the person as specified in the Plan of Care.
Service Definitions- Residential Supports	For individuals with MR/MI may Residential Supports and Supervised Living be billed?	Change from previous response: There are issues around duplication of services for Res Supports and Supervised Living. The Division is in the process of determining an appropriate code to be individually negotiated in order for providers to bill for additional staffing needs. In the meantime, providers may continue to bill the current Supervised Living for individuals with MR/MI who are also receiving Res Supports under the waiver. Once the code

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		is determined there will be a transition period identified to give providers time to negotiate the rate.
Service Definitions- Private Duty Nursing	Is there a provision that provides payment for habilitative services when a skilled nurse (LPN or RN) is required to perform them? What services, other than nursing respite, are available for children who require services of a skilled nurse?	Provider qualifications for all waiver services are listed in the draft CAP Manual in Appendix J. Worker qualifications for all habilitative services under the waiver are at the paraprofessional level. There are no services other than nursing respite under the waiver that provide for services to be provided by a nurse. If the individual is in need of skilled nursing, private duty nursing may be appropriate if approved through DMA Home Care Initiatives. Billing for nursing level of care under one of the habilitative services of the waiver is not appropriate.
Service Definitions- Individual/Caregiver Training	Regarding Individual/Caregiver Training & Education—The definition of this service indicates it covers conference registration, enrollment fees for classes, and travel to conferences for consumers. What exactly is the travel reimbursement rate for consumers? Is this requested as conferences come up that families would like to attend or does it need to be built into the plan at the beginning of the CNR year?	This service is limited to a maximum of \$1000 for conference registration, travel to conferences for waiver participants ONLY, and enrollment fees for classes, therefore the total cost , including travel may not exceed the \$1000.
Transition: Cost Summaries	The consumer crosswalk indicates that for all the services that do "crosswalk", to see the written response under Adult Day Health. It indicates that an Update/revision on the new format and cost summary are required. Our understanding is	Change from previous response: For the purpose of transition, if only the service names change, update the current Plan of Care with new names. No signature required. Use the new Cost Summary to

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	that for any service that does crosswalk, only the cost summary needs to be updated. Which is correct?	update with new names and rates. New service orders must be written since names and rates have changed.
Transition-Cost Summary	Under the current waiver case managers have been allowed to use the T1999 code for the purchase of diapers through the area program. Will this still be allowed under the new waiver? And if so, should it in fact go on the new cost summary?	Yes, this code is Specialized Equipment and Supplies under the new waiver. Since it is a waiver service it must go on the Cost Summary.
Transition: Utilization Review Guidelines	If the UR guidelines are not limits, and an individual is requesting more hours than correspond with their SNAP index score, what exactly is justification for the level of service?	The UR guidelines are not to be applied in isolation from the person centered Plan of Care nor from medical necessity. The need for all services must be reflected in the Plan of Care and cannot be determined on the SNAP index alone. The Plan of Care must justify the service as well.
Transition: Family Members as Providers	With an array of providers and workers available, what will be considered justification for a family member/guardian acting as the service provider.	The draft Manual provides basic guidelines for review including things such as lack of alternative providers, or extraordinary circumstances of the consumer associated with their care.
Transition-Second Level Reviews	Can the second level reviews be waived during the transition period?	No.
Transition-Second Level Reviews.	The manual says that the second level review within the LME has to be done by someone designated by the LME, but we are wondering what the requirements are regarding that person's credentials?	The second level review should be provided by a person with at least the qualifications of the local approver but preferably higher. They do not have to be a certified local approver.

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Transition-Provider Enrollment	May a letter of certification be presented to a Provider for a new AFL home that was added on after the initial CAP enrollment? This Provider has already received a certification letter which included was a list of their old AFL homes. They requested a certification letter to include a new AFL home.	Yes. If a provider has submitted a provider enrollment packet during waiver transition to include all their AFLs and then needs to add another AFL, they will need another certification letter from the LME for that home. Site visits to those AFLs must occur by December 1, 2005 with documentation of the visit provided to Adrina Jones on the Accountability Team.
Transition-MR2 Signatures	Is the LME signature on the MR2 only required for initials or CNR, too?	The LME is required to sign the MR2 for both Initials and CNRs. Simply submit the MR2 with the CNR and the LME can sign off during local approval.